

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 1

2004 JAN 13 PM 3:47

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME	FIRST Lawrence LAST Romo	MI G SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2906 WoodKnoll San Antonio, TX 78251		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 219-1905		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME	FIRST Johnny LAST Rexes	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7585 Ingram Rd # 308, San Antonio, TX 78251		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 681-0080		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/03 12/31/03		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 05/07/05		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council, District 6	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2004 JAN 13 PM 3:47

15 C/OH NAME

Lawrence G. Romo

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages
18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

2,175

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

540.53

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

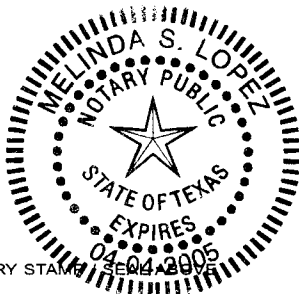
1,734.50

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Lawrence G. Romo, this the 13th day of January, 20 04, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

2004 JAN 13 PM 3:47

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 1/4	
2 FILER NAME Lawrence G. Romo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 26 Aug 03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Claus Heide	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3126 MANILA DR SAN ANTONIO, TX 78217			
9 Principal occupation \ Job title (See Instructions) Vice - President		10 Employer (See Instructions) Dean Steel Company	
Date 30 Sep 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ben Buecker	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2201 Tower Life Bldg, 3025. S. Mary's St SAN ANTONIO, TX 78205			
Principal occupation \ Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 30 Sep 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Harmon Jr.	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable) Computer Handwared Software
Contributor address; City; State; Zip Code 411 Lightsey Austin, TX 78704			
Principal occupation \ Job title (See Instructions) Pool Maintenance Technician		Employer (See Instructions) Pool Aide Company (Austin)	
Date 25 Oct 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr William Harmon Sr.	Amount of contribution (\$) \$175.00	In-kind contribution description (if applicable) Scanner & Printer
Contributor address; City; State; Zip Code 2811 BRAUN Circle SAN ANTONIO, TX 78250			
Principal occupation \ Job title (See Instructions) Principal		Employer (See Instructions) McNair School	
Date 21 Nov 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr Tom Weiss	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4004 Shady Oak SAN ANTONIO, TX 78229			
Principal occupation \ Job title (See Instructions) Medical		Employer (See Instructions) Self	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

2004 JAN 13 PM 3:47

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2/4

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date

26
Nov
03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Belisario Flores

6 Contributor address; City; State; Zip Code

1 Towers Park Lane # 803
San Antonio, TX 78209

7 Amount of
contribution (\$)

\$25.00

8 In-kind contribution
description (if applicable)

9 Principal occupation \ Job title (See Instructions)

Retired Military

10 Employer (See Instructions)

Date

28
Nov
03

Full name of contributor

☐ out-of-state PAC (ID#)

Bob Carlson

Contributor address; City; State; Zip Code

563 Elizabeth
San Antonio, TX 78209

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation \ Job title (See Instructions)

Bank Officer

Employer (See Instructions)

Broadway Bank

Date

28
Nov
03

Full name of contributor

☐ out-of-state PAC (ID#)

DAN POZZA

Contributor address; City; State; Zip Code

19107 Autumn Garden
San Antonio, TX 78258

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation \ Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

1
Dec
03

Full name of contributor

☐ out-of-state PAC (ID#)

Neil & Phyllis Bowie

Contributor address; City; State; Zip Code

5600 Vance Jackson
San Antonio, TX 78230

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation \ Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2
Dec
03

Full name of contributor

☐ out-of-state PAC (ID#)

Calvin Allen

Contributor address; City; State; Zip Code

7 Bowwood Ct
San Antonio, TX 78228

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation \ Job title (See Instructions)

Airline Pilot & USAFR Retired

Employer (See Instructions)

American Airlines

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

2004 JAN 13 PM 3:47

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 3/4	
2 FILER NAME Lawrence G. Romo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8 Dec 03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alex Archibald	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11714 Abby Way SAN ANTONIO, TX 78253			
9 Principal occupation \ Job title (See Instructions) Retired Military		10 Employer (See Instructions)	
Date 10 Dec 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Woody Wilson	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 115 Travis, Suite 618 SAN ANTONIO, TX 78205			
Principal occupation \ Job title (See Instructions) Attorney		Employer (See Instructions) Gale, Wilson & Sanchez	
Date 11 Dec 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SAM DOMINGUEZ	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4222 Hall Park Dr SAN ANTONIO, TX 78218			
Principal occupation \ Job title (See Instructions) Retired Military		Employer (See Instructions)	
Date 11 Dec 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Cuatlahuac & Elizabeth Garcia	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4503 Pecan Grove Dr SAN ANTONIO, TX 78222			
Principal occupation \ Job title (See Instructions) Retired		Employer (See Instructions)	
Date 13 Dec 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard & Carolyn Smith	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8502 Fairway Bend FAIR OAKS Ranch, TX 78015			
Principal occupation \ Job title (See Instructions) Retired Military		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

2004 JAN 13 PM 3:47

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 4/4	
2 FILER NAME Lawrence G. Romo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 15 Dec 03	5 Full name of contributor Patrick Romo 6 Contributor address; City; State; Zip Code 14122 Churchill Estates #103A SAN ANTONIO, TX 78248	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions) Appraiser Supervisor		10 Employer (See Instructions) State of Texas	
Date 22 Dec 03	Full name of contributor Pedro Cardenas Contributor address; City; State; Zip Code 210 Halbart SAN ANTONIO, TX 78213	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions) Retired		Employer (See Instructions)	
Date 22 Dec 03	Full name of contributor Lou Villagomez Contributor address; City; State; Zip Code 5029 Bromley Dr Corpus Christi, TX 78148	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions) Dep Police Chief & USAFROE		Employer (See Instructions) City of Corpus Christi	
Date 31 Dec 03	Full name of contributor Tom Daniels Contributor address; City; State; Zip Code 626 Larkwood SAN ANTONIO, TX 78209	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions) LIMO SERVICE		Employer (See Instructions) Self	
Date 31 Dec 03	Full name of contributor Anthony Terrazas Contributor address; City; State; Zip Code 1222 N. Main St, Suite 804 SAN ANTONIO, TX 78212	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions) President		Employer (See Instructions) Terra Health	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2004 JAN 13 PM 3:47

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1/2

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date

7
Jul
03

5 Payee name

San Antonio AFL-CIO

6 Payee address; City; State; Zip Code

311 S. St Mary's St, #15 FL, ste. E
San Antonio, TX 782057 Amount
(\$)

\$185.00

8 Purpose of payment (See instructions regarding type of information required.)

2003-2004 AFL-CIO
Labor Council Directory Ad

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

25
Aug
03

Payee name

San Antonio AFL-CIO

Payee address; City; State; Zip Code

311 S. St Mary's St, #15 FL, ste. E
San Antonio, TX 78205Amount
(\$)

\$30.00

Purpose of payment (See instructions regarding type of information required.)

AFL-CIO Labor Day
Reception Ticket

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

29
Sep
03

Payee name

Bexar County Elections Division

Payee address; City; State; Zip Code

203 W. Nueva
San Antonio, TX 78207Amount
(\$)

\$25.00

Purpose of payment (See instructions regarding type of information required.)

(Deposit)
Past District 6 Election Data

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

21
Oct
03

Payee name

Bexar County Elections Division

Payee address; City; State; Zip Code

203 W. Nueva
San Antonio, TX 78207Amount
(\$)

\$114.55

Purpose of payment (See instructions regarding type of information required.)

Past District 6 Election Data

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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CITY CLERK

POLITICAL EXPENDITURES

SCHEDULE F

2004 JAN 13 PM 3:47

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <div style="text-align: center; font-size: 1.5em;">2/2</div>	
2 FILER NAME <div style="font-family: cursive; font-size: 1.2em;">Lawrence G. Romo</div>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <div style="font-family: cursive; font-size: 1.2em;">26 Oct 03</div>	5 Payee name <div style="font-family: cursive; font-size: 1.2em;">OFFICE MAX</div>	7 Amount (\$) <div style="font-family: cursive; font-size: 1.2em;">\$145.60</div>	
6 Payee address; City; State; Zip Code <div style="font-family: cursive; font-size: 1.2em;">5830 BANDERA Rd SAN ANTONIO, TX 78238</div>			
8 Purpose of payment (See instructions regarding type of information required.) <div style="font-family: cursive; font-size: 1.2em;">Computer desk & chair & power strip</div>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)	
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)	
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)	
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2004 JAN 13 PM 3:47

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date

*1
Nov
03*

5 Payee name

Family Dollar Store

6 Payee address; City; State; Zip Code

*8333 Cleburn Rd
San Antonio TX 78251*

7 Purpose of expenditure (See instructions regarding type of information required.)

Envelopes

8 Amount (\$)

\$10.78

☐ Reimbursement from political contributions intended

Date

*9
Nov
03*

Payee name

USPS

Payee address; City; State; Zip Code

*702 Richland Hills
San Antonio TX 78245*

Purpose of expenditure (See instructions regarding type of information required.)

First Class Stamps

Amount (\$)

\$14.80

☐ Reimbursement from political contributions intended

Date

*26
Dec
03*

Payee name

USPS

Payee address; City; State; Zip Code

*702 Richland Hills
San Antonio TX 78245*

Purpose of expenditure (See instructions regarding type of information required.)

First Class Stamps

Amount (\$)

\$14.80

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

